•		UES	MYM	LMDL	2	UPY							
Application or Docket Number											ber		
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  9/965, 137												2	
CLAIMS AS FILED - PART I (Column 1) (Celumn 2)								SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TO	TAL CLAIMS		1,6				RA	ΤE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASE	FEE	333.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		٠ ٢		XS	9 <u>-</u>	53	OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		. 0		Ya	X40=			X80=		
MIG TIPLE DEPENDENT CLAIM PRESENT								OR					
* If the difference in column 1 is less than zero, enter *O* in column 2  TOTAL L.09 OR TOTAL													
IOILE LADT IOILE											THAN		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								HT.	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		PREV	EST BER CUSLY FOR	PRESENT EXTRA	RA*	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DAME	Total ·	. 26.	Mirrus	- 2	6	. ~	XS	9a·		OR	X\$18-		
HEA	Independent	. 2	Minus	***	3		X4	)= )=	<b></b>	OR	X80=		
₹	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM				<del> </del>				
							+13			ОЯ	+270=		
9/2/05 (Cotumn 1) (Cotumn 2) (Cotumn 3)										-			
_	1/2/25	(Cotumn 1)			mn 2) IEST	(Column 3)							
MENDMENT B		REMAINING AFTER AMENDMENT		NUA PREVI	BER BUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	. 26	Minus			•	XS	9-		OR	X\$18=		
ME	Independent	. 2	Minus	***		•	X4	) <del>-</del>		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		+13	5=		OR	+270=		
							ADDIT.	PEE		ОЯ	TOTAL ADDIT, FEE		
	11/12/05	(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		PREVI	HESY MBER OUSLY FOR	PRESENT EXTRA	RA*	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	. 26	Minus				xs	) <u>-</u>		OR	X\$18=		
E	Independent	رد ٠	Minus	•••		•	X40				X80=		
4	FIRST PRESE	NTATION OF M	IULTIPLE DE	PENDEN	T CLAIM			_	<b>}</b>	OR			
							+13			OR	+270=		
-	II the "Highest Nu	mn 1 is less than I Imber Previously F	reid For IN TH	IS SPACE	la less th	in 20, enter "20."	ADDIT.	FEE		OR	YOTAL ADDIT, FEE		
-	'if the "Highest Ni. The "Highest Ni.s	mber Previously ( nber Previously Pr	Paid For IN TH List For (Total c	13 SPACE or Endopon	is less the dent) is th	en 3, enter "3." e highest numbe				z in oc			